

THIS FORM MUST BE USED BY A PRISONER APPLYING TO PROCEED IN FORMA PAUPERIS IN A CIVIL RIGHTS CASE

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

LAWRENCE L. CRAWFORD #300839

(Plaintiff in this action)

v.

KIPP-SPARK ACADEMY ET. AL.,

(Defendant(s) in this action)

: **AFFIDAVIT OF POVERTY
and ACCOUNT CERTIFICATION
(CIVIL RIGHTS)**
: Civil Action No. 2:24-cv-03934-MEF-JBC
(To be supplied by the Clerk of the Court)

:

: DNJ-Pro Se-007-A-(Rev.12/2020)

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Instructions:

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$52) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. See Local Civil R. 5.1(f). A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid, regardless of the outcome of the proceeding. See 28 U.S.C. § 1915(b).

The prisoner must complete all questions in the following affidavit, sign and date the affidavit, and then obtain the signature of the appropriate prison official who certifies the prison account statement. After the appropriate prison official certifies your prison trust fund account statement(s), you must attach the prison account statement(s) to this application, for each prison or jail wherein you were incarcerated during the previous six months. If your application to proceed in forma pauperis is incomplete, then the Court may enter an order denying your application without prejudice and administratively terminating your case without filing the complaint.

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In support of this application, I state the following under the penalty of perjury:

1. LAWRENCE L. CRAWFORD (print your name), declare that I am the

Plaintiff / movant Other

in the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, costs, or give security therefor, I state that because of my poverty, I am unable to prepay the costs of said proceeding or give security therefor; that I believe I am entitled to relief.

2. The nature of my claim or the issues I intend to present on appeal are briefly stated as follows:

SEE (208) PAGE COMPLAINT

3. List dates and places of confinement for the immediately preceding six months:

Dates of Confinement

Places of Confinement

EVANS C.I.

BENNETTSVILLE, S.C. 29512

For each institution in which you have been confined for the preceding six months, you must obtain a copy of your prison account and the signature of the appropriate prison official (see certification on p. 3).

4. Are you employed at your current institution? Yes No

Do you receive any payment or money from your current institution? Yes No

If Yes, state how much you receive each month: _____

5. In the past 12 months, have you received any money from any of the following sources?

		<u>Amount</u>
a. Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____
b. Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____
c. Pensions, annuities, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____

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6. Other than your prison account, do you have cash or a checking or savings account in your name?

Yes No

If "Yes," state the total in the account at this time: _____

7. Do you own any other assets or property?

Yes No

If "Yes," please describe: _____

8. I, LAWRENCE L. CRAWFORD #300839

(Print or Type Name and Number of Prisoner)

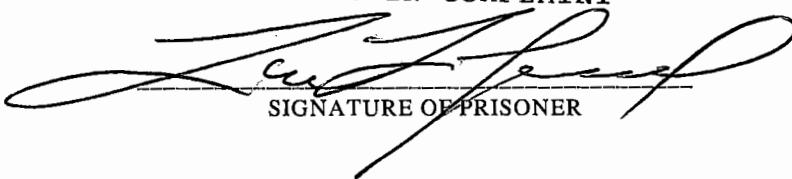
declare under penalty of perjury that the aforesaid statements made by me are true and correct. I authorize the agency having custody over me to assess, withdraw from my prison account, and forward to the Clerk of the District Court for the District of New Jersey (1) an initial partial filing fee equal to 20% of the greater of the average monthly deposits to my prison account or the average monthly balance in my prison account for the six-month period immediately preceding the filing of the complaint, and (2) payments equal to 20% of the preceding month's income credited to my prison account each month the amount in the account exceeds \$10.00, until the \$ 350.-- fee is paid. 28 U.S.C. § 1915(b)(1) and (2).

THREAT OF IMMINENT DANGER IS ARGUED IN COMPLAINT

JULY 15, 2024

DATE

SIGNATURE OF PRISONER



THIS PORTION OF YOUR APPLICATION SHALL NOT BE LEFT BLANK.

IF THIS PORTION IS NOT COMPLETED, YOUR APPLICATION WILL BE DENIED WITHOUT PREJUDICE

ACCOUNT CERTIFICATION SIGNED BY PRISON OFFICIAL

SEE ATTACHED 6 MONTH FINANCIAL STATEMENT

I, _____ (print name), certify that the attached trust fund account statement (or institutional equivalent) is a true and correct copy.

DATE

(Signature)

_____ (Title)

FILE IN CASE 2:24-cv-03934-MEF-TBC

0541 Kerci

INMATE TRUST FUND ACCOUNT REPORT
for SOUTH CAROLINA COURT FILING FEES

INSTRUCTIONS TO INMATE: Complete top portion then give to your mailroom. When returned from Accounting, you must mail this form with any payment to the Court.

By signing my name below, I am asking the Financial Accounting Office of the South Carolina Department of Corrections to complete this report. In accordance with SC Code of Laws §24-27-100 and .150, I authorize payment of the full filing fee. If I have insufficient funds in my account at this time to pay the court's full filing fee, I authorize SCDC to deduct the initial and subsequent payments until payment is completed.

INMATE NAME (print): LAWRENCE L. CRAWFORD

SCDC# 300839

INMATE SIGNATURE:

I plan to file this action in the SC County of RICHLAND

The section below is for SCDC - Financial Accounting Branch's use ONLY.

****NOTE to COURT:** If payment is for partial fee, Court must notify SCDC once case is accepted and filed. Send notice with case # and balance owed to address below. SCDC will NOT process any additional payments until notification is received from Court.

South Carolina Department of Corrections
Financial Accounting - Room 234
PO Box 21787
Columbia, SC 29221-1787

*Admission date is noted here if inmate incarcerated less than six months _____/_____/_____.

LAWRENCE L. CRAWFORD
#300839 K.C.I. HD-134
4848 GOLD MINE HWY.
KERSHAW, S.C. 29067

THE E.H. COOPER TRUST FUND
ACCOUNTING OFFICE
S.C.D.C. HEADQUARTERS
4444 BROAD RIVER ROAD
COLUMBIA, S.C. 29221